

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Atty MJW-01579-0637
Dkt.

C# M#

NIKLASON et al

TC/A.U. 1617

Serial No. 10/074,250

Examiner: Chong, Y.S.

Filed: February 14, 2002

Date: June 30, 2008

Title: THERAPY FOR CEREBRAL VASOSPASM

RECEIVED
CENTRAL FAX CENTER

JUN 30 2008

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ **Correspondence Address Indication Form Attached.****Fees are attached as calculated below:**

Total effective claims after amendment 0 minus highest number
previously paid for 20 (at least 20) = 0 x \$50.00 \$0.00 (1202)/\$0.00 (2202) \$

Independent claims after amendment 0 minus highest number
previously paid for 3 (at least 3) = 0 x \$210.00 \$0.00 (1201)/\$0.00 (2201) \$

If proper multiple dependent claims now added for first time, (ignore improper); add
\$370.00 (1203)/\$165.00 (2203) \$

Petition is hereby made to extend the current due date so as to cover the filing date of this
paper and attachment(s)

One Month Extension \$120.00 (1251)/\$60.00 (2251)
Two Month Extensions \$460.00 (1252)/\$230.00 (2252)
Three Month Extensions \$1050.00 (1253)/\$525.00 (2253)
Four Month Extensions \$1640.00 (1254)/\$820.00 (2254)
Five Month Extensions \$2,230.00 (1255)/\$1115.00 (2255) \$ 230.00

Terminal disclaimer enclosed, add

\$130.00 (1814)/\$65.00 (2814) \$

☒ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee

\$160.00 (1806) \$ 0.00

Assignment Recording Fee

\$40.00 (8021) \$ 0.00

Other:

\$ 0.00

TOTAL FEE \$ 230.00☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A duplicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor
Arlington, Virginia 22203-1808
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MJW:tat

NIXON & VANDERHYE P.C.

By Atty: Mary J. Wilson, Reg. No. 32,955

Signature: 

07/01/2008 PCHOMP 00000042 10074250

01 FC:2252

230.00 DP

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Independent claims after amendment	0	minus highest number		
previously paid for	3 (at least 3) =	0 x \$210.00	\$0.00 (1201)/\$0.00 (2201)	\$

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Two Month Extensions	\$480.00 (1252)/\$230.00 (2252)	
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Terminal disclaimer enclosed, add

\$130.00 (1814)/ \$65.00 (2814) \$

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Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 0.00

Assignment Recording Fee \$40.00 (8021) \$ 0.00

Other: \$ 0.00

TOTAL FEE \$ 230.00☒ **CREDIT CARD PAYMENT FORM ATTACHED.**

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By Atty: Mary J. Wilson, Reg. No. 32,955Signature: Mary J. Wilson